

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH (15)

FILED VS AUG 3 0 1980

53

Registration District No.

Primary Registration District No. 3010

Registrar's No.

333

=60=029840

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Length of stay in 1b <u>5 days</u>		c. CITY OR TOWN <u>Chaffee</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathic Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>202 Black Ave</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>George Lee</u> Middle <u>Ash</u> Last <u>Ash</u>				4. DATE OF DEATH Month <u>29</u> Day <u>July</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-31-93</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory Labor (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fiber Processing</u>		11. BIRTHPLACE (City and state or country) <u>Obion Co. Tennessee</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James P. Ash</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Chaffin</u>		14. NAME OF HUSBAND OR WIFE <u>Rillie Ash</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT Address <u>Rillie Ash, 202 Black, Chaffee, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Surgical Shock</u>							<u>2 days</u>
DUE TO (b) <u>Lysis of Adhesions</u>							<u>2 days</u>
DUE TO (c) <u>Previous Cholecystectomy</u>							<u>14 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY <u></u>	STATE <u></u>	
21. I attended the deceased from <u>July 25, 1960</u> to <u>July 28, 1960</u> and last saw him alive on <u>July 29, 1960</u> Death occurred at <u>9:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Victor M. Booe, D.O.</u>			22b. ADDRESS <u>213 S. Sprigg Street</u> <u>Cape Girardeau, Missouri</u>			22c. DATE SIGNED <u>8-15-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-28-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>			23d. LOCATION (City, <u></u> or county) <u>Caruthersville, Mo.</u> (State)		
24. FUNERAL DIRECTOR <u>John W. German Fun. Home, Hayti, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-23-60</u>		26. REGISTRAR'S SIGNATURE <u>Lynn K. Koster</u>			

DOCUMENT

BY AFFIDAVIT OF Attending physician MEDICAL CERTIFICATION

VS AUG 30 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John W. German

Licensed Embalmer No. _____

P. O. Address

Hay to the

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.